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ABSTRACT

The historical evolution of NIMH manpower and training policy is set forth as the framework for examining recent changes in the psychology education programs of the Institute. The new and exclusive emphasis on priority-focused training as a basic condition for NIMH support in the future is described with special reference to training in the child and adolescent area. (Author)

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NIMH POLICY IN RELATION TO TRAINING FOR SERVICE DELIVERY TO CHILDREN AND YOUTH

IMPLICATIONS FOR PSYCHOLOGY EDUCATION*

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INTRODUCTION

CONSIDERABLE CONCERN EXISTS IN THE MENTAL HEALTH EDUCATION FIELDS AS TO CURRENT AND FUTURE POLICY OF THE NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) IN THE MANPOWER AND TRAINING ARENA. SUCH CONCERN OFTEN INCLUDES ALARMS OR RUMORS OF THE DEMISE OF TRAINING WITHIN NIMH. ROSNOW AND KIMMEL^{1/} POINT OUT, IN A PROVOCATIVE ARTICLE IN A RECENT ISSUE OF "PSYCHOLOGY TODAY," THAT RUMORS TEND TO BE GENERATED BY "THE ANXIETIES AND UNCERTAINTIES OF THE TIMES." IN THE INSTANCE OF THE NIMH MANPOWER POLICY, THERE HAS CERTAINLY BEEN CONSIDERABLE UPHEAVAL OVER THE PAST DECADE. HOWEVER, I AM ABLE TO SAY TO THIS AUDIENCE THAT WE HAVE NOW ACHIEVED A MEASURE OF STABILITY AND GREATER CLARITY IN OUR POLICY, AND MY PRIMARY INTEREST IN THESE BRIEF REMARKS IS TO SUMMARIZE THAT NEW POLICY AND HOPEFULLY ALLAY SOME OF THE ANXIETY IN THE FIELD AS TO ITS PURPOSE AND CONTENT.

IN THIS PRESENTATION, I WILL (1) SUMMARIZE THE EVOLUTION OF THE NIMH MANPOWER POLICY, (2) OUTLINE THE MAJOR ELEMENTS OF THE NEW POLICY AS REFLECTED IN THE RECENTLY ISSUED ANNOUNCEMENT OF THE NIMH MENTAL HEALTH SERVICES MANPOWER DEVELOPMENT AND TRAINING GRANTS PROGRAM FOR FY 1980, AND (3) DISCUSS THE SPECIFIC APPLICATION

*THE VIEWS EXPRESSED IN THIS PAPER ARE PRIMARILY THOSE OF THE AUTHOR AND DO NOT NECESSARILY, IN ALL INSTANCES, REFLECT THE POLICIES OF THE NATIONAL INSTITUTE OF MENTAL HEALTH OR THE ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION, DHEW

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OF THAT POLICY FOR THE FIELD OF PSYCHOLOGY IN RELATION TO TRAINING FOR DELIVERY OF SERVICES TO CHILDREN AND YOUTH. EVEN THOUGH I FULLY RECOGNIZE THE INTEGRAL ROLE OF RESEARCH TRAINING IN THE BASIC PH.D. CURRICULA IN PSYCHOLOGY, THESE REMARKS WILL FOCUS PRIMARILY ON PREPARATION FOR CLINICAL OR SERVICE PRACTICE SINCE IT IS IN THIS AREA THAT MAJOR POLICY CHANGE AT THE FEDERAL LEVEL HAS OCCURRED.

EVOLUTION OF NIMH MANPOWER POLICY

IN THE 30 YEARS OF ITS EXISTENCE, NIMH MANPOWER PROGRAMS HAVE EVOLVED THROUGH ROUGHLY FOUR STAGES: (1) THE BEGINNING PERIOD, 1948-60; (2) THE CAMELOT ERA OR PERIOD OF EXPANSION, 1960-69; (3) THE PERIOD OF RETRENCHMENT OR THE ICE AGE, 1970-75; AND (4) THE PERIOD OF REASSESSMENT AND REDIRECTION, 1975 TO PRESENT.

THE BEGINNINGS - 1948-60

AT ITS INCEPTION IN 1948, THE PRIMARY THRUST OF THE NIMH CLINICAL MANPOWER PROGRAM WAS TO ENLARGE THE NATIONAL POOL OF PROFESSIONAL SPECIALISTS AND TO BUILD THE NATIONAL CAPACITY OF EDUCATIONAL INSTITUTIONS TO PROVIDE QUALITY TRAINING, PARTICULARLY IN THE FIELDS OF PSYCHIATRY, CLINICAL PSYCHOLOGY, SOCIAL WORK, AND PSYCHIATRIC NURSING. WHEN THIS POLICY WAS FIRST INITIATED THERE WAS AN ENORMOUS NEED FOR CLINICALLY ORIENTED PERSONNEL. THE EMPHASIS WAS ON REDUCING SHORTAGE BY INCREASING THE NUMBERS OF PROFESSIONALS AND IMPROVING THE QUALITY OF TRAINING AT THE GRADUATE LEVEL.

THE CAMELOT ERA - PERIOD OF EXPANSION, 1960-69

THE REPORT OF THE JOINT COMMISSION ON MENTAL ILLNESS AND MENTAL HEALTH IN 1961, THE PASSAGE OF THE COMMUNITY MENTAL HEALTH CENTERS (CMHC) ACT IN 1963, AND THE CMHC AMENDMENTS OF 1965, WHILE RECONFIRMING THE ORIGINAL POLICY EMPHASIS ON CORRECTING PROFESSIONAL SHORTAGES, ALSO CALLED FOR AN EFFORT TO RELATE MANPOWER PRODUCTION ON TRAINING TO THE ACTUAL SKILLS AND KNOWLEDGE REQUIRED BY THE SERVICE

SYSTEM, PARTICULARLY IN TERMS OF THE NEW CMHC PROGRAM. ALSO EMERGING AT THIS TIME WAS A DEMAND FOR THE DEVELOPMENT OF NEW, SUPPLEMENTARY SOURCES OF PERSONNEL SUCH AS PSYCHIATRIC AIDES AND OTHER VARIETIES OF TECHNICAL OR PARAPROFESSIONAL WORKERS. THESE EVENTS, TOGETHER WITH SUCH OTHER FACTORS AS THE CONSIDERABLE INFLUENCE AND INTEREST OF THE KENNEDY ADMINISTRATION AND FAMILY IN MENTAL HEALTH AND MENTAL RETARDATION PROGRAMS, THE SUCCESSFUL LOBBYING OF THE MENTAL HEALTH CONSTITUENCY FOR INCREASED APPROPRIATIONS, AND THE GENERALLY EXCEPTIONAL RECEPTIVITY IN CONGRESS FOR MENTAL HEALTH AND OTHER HUMAN SERVICE PROGRAMS, RESULTED IN WHAT HAS BEEN REFERRED TO AS THE "CAMELOT ERA" IN NIMH MANPOWER POLICY IN TERMS OF PROGRAM SCOPE AND BUDGETARY SUPPORT.

IN RAPID SUCCESSION, PROGRAMS IN EXPERIMENTAL AND SPECIAL TRAINING, CONTINUING EDUCATION, AND PARAPROFESSIONAL TRAINING WERE ESTABLISHED. THE BUDGET, HEAVILY INFLUENCED BY THESE EVENTS, CONTINUED TO INCREASE TO A PEAK OF APPROXIMATELY \$120 MILLION IN 1969.

THE "ICE AGE" - PERIOD OF RETRENCHMENT, 1970-75

DURING THE NEXT DECADE OF THE 70'S, FUNDING IN GENERAL FOR MENTAL HEALTH MANPOWER PROGRAMS HAS EITHER BEEN DECREASED OR MAINTAINED AT THE PREVIOUS YEAR'S LEVEL OF SUPPORT, WHICH IS IN ESSENCE A DECREASE WHEN INFLATION COSTS ARE TAKEN INTO CONSIDERATION.

THE REAL "ICE AGE" IN NIMH MANPOWER PROGRAMS OCCURRED DURING THE "NIXON YEARS," HIGHLIGHTED BY THE ADMINISTRATION'S ANNOUNCEMENT IN 1973 TO GET OUT OF THE TRAINING ENTERPRISE BY PHASING OUT SUPPORT FOR THE CORE DISCIPLINES AND THE CMHC PROGRAM, OSTENSIBLY BECAUSE IT HAD PROVEN TO BE A SUCCESSFUL EXPERIMENT AND COULD NOW BE SUPPORTED AND FINANCED BY THE STATES. NIMH LIVED ON THE PRECIPICE OF PHASE-OUT THROUGH 1975. COURT ACTIONS, CONSTITUENCY PRESSURE, AND CONGRESSIONAL

OVERRIDES TEMPORARILY REMOVED THIS "SWORD OF DAMOCLES," BUT APPROPRIATIONS NEVER RETURNED TO THE APEX OF 1969. THUS, THE STAGE WAS SET FOR RE-EVALUATION OF THE INSTITUTE'S ROLE IN MANPOWER AND TRAINING WITHIN A CONTEXT OF DECLINING RESOURCES, INFLATION, AND A SYMPATHETIC BUT INCREASINGLY COST-CONSCIOUS CONGRESS.

THE PERIOD OF REASSESSMENT AND REDIRECTION, 1975 TO PRESENT

REASSESSMENT OF PERSONNEL POLICY WAS INITIATED IN 1975 BY THE FORMER NIMH DIRECTOR, DR. BERTRAM BROWN. DR. BROWN ESTABLISHED AN NIMH SERVICES MANPOWER TASK FORCE WHICH WAS DIRECTED TO STUDY AND RE-EVALUATE MANPOWER POLICY AND PROGRAMS IN LIGHT OF THE PROSPECT OF CONTINUED DECLINING RESOURCES AND THE EMERGENCE OF SEVERAL COMPLEX AND UNRESOLVED ISSUES SUCH AS: MANPOWER MALDISTRIBUTION BY SPECIALTY AND GEOGRAPHIC AREA; INADEQUATE MENTAL HEALTH PREPARATION OF PRIMARY HEALTH CARE PERSONNEL; POOR ACCESS TO HEALTH AND MENTAL HEALTH CARE FOR UNSERVED AND UNDERSERVED POPULATIONS, I.E., CHILDREN AND YOUTH, THE AGED, THE CHRONICALLY ILL, MINORITIES, AND WOMEN.

THE REPORT OF THIS TASK FORCE REPRESENTED THE FIRST EVOLUTIONARY STEP TOWARDS A NEW NIMH MANPOWER POLICY. THAT REPORT WAS PRIMARILY BASED ON THE ASSUMPTION THAT THE FOCUS OF MANPOWER PRODUCTION THROUGH TRAINING AND EDUCATION MUST BE RELEVANT TO, AND DERIVED FROM, THE MANPOWER NEEDS OF SERVICE AGENCIES. THIS INTER-RELATIONSHIP BETWEEN MANPOWER AND SERVICE DELIVERY WAS REFLECTED IN THE TASK FORCE'S IDENTIFICATION OF FOUR SERVICE PRIORITIES:

1. COMMUNITY-BASED MENTAL HEALTH SERVICES;
2. SERVICES TO SPECIAL TARGET POPULATIONS AND GEOGRAPHICAL UNSERVED OR UNDERSERVED AREAS;
3. SERVICE ALTERNATIVES TO LONG TERM CARE;
4. PREVENTIVE SERVICES.

TENTATIVE MANPOWER INITIATIVES WHICH RELATE TO THESE SERVICE PRIORITIES WERE ALSO IDENTIFIED. THEY INCLUDE:

1. THE TARGETTING OF PROFESSIONAL DISCIPLINARY TRAINING TO THE AFOREMENTIONED SERVICE PRIORITIES;
2. AN ACCELERATED MANPOWER DEVELOPMENT PROGRAM FOCUSED ON STATE AND LOCAL MANPOWER PLANNING AND CAPACITY-BUILDING;
3. CREATION OF AN R&D MANPOWER TRAINING AND DEVELOPMENT PROGRAM;
4. ACCELERATION OF SUPPORT FOR INNOVATIONS AND DEMONSTRATIONS IN THE MENTAL HEALTH TRAINING OF PRIMARY HEALTH CARE PERSONNEL.

THIS POLICY CONCEPTION WAS UNDER REVIEW BY NIMH AND SOME PRELIMINARY AD HOC INITIATIVES TO REDIRECT THE PROGRAM WERE ADOPTED WHEN TWO SUBSEQUENT EVENTS OCCURRED.

1. THE ESTABLISHMENT OF THE PRESIDENT'S COMMISSION ON MENTAL HEALTH BY PRESIDENT CARTER IN FEBRUARY 1977, POWERED IN NO SMALL MEASURE BY THE FIRST LADY'S SPECIAL INTEREST IN MENTAL HEALTH.
2. A POLICY ANALYSIS OF ALL ADAMHA MANPOWER PROGRAMS WAS MANDATED BY DR. GERRY KLERMAN, ADMINISTRATOR, ADAMHA, IN DECEMBER 1977 AS A COMPONENT OF A BROADER HEALTH MANPOWER POLICY ANALYSIS BEING UNDERTAKEN BY THE OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH IN PREPARATION FOR LEGISLATIVE RENEWAL OF THE HEALTH PROFESSIONS EDUCATIONAL ASSISTANCE ACT OF 1976 (P.L. 94-484).

THE OUTCOMES OF BOTH MANPOWER ASSESSMENTS SHOWED A SIGNIFICANT DEGREE OF AGREEMENT ON FUTURE POLICY DIRECTIONS AND REPRESENT THE FOUNDATION FOR THE RECENTLY ANNOUNCED PROGRAM OF SUPPORT FOR THE FY 1980^{2/} CYCLE. FURTHERMORE, THE PRINCIPLES ARTICULATED IN THESE REPORTS TENDED TO LEGITIMIZE THE ORIGINAL RECOMMENDATIONS OF THE NIMH MANPOWER TASK FORCE IN 1977 AND THE "AD HOC" EFFORTS TAKEN TO IMPLEMENT

THEM. SO WHAT IS THE NEW NIMH POLICY? HOW IS IT DIFFERENT FROM THE PREVIOUS POLICY? HOW WILL IT BE MANIFESTED IN THE SUPPORT OF PSYCHOLOGY EDUCATION?

THE NEW POLICY

LET US IDENTIFY AND BRIEFLY EXAMINE THE MAIN OBJECTIVES AND CONDITIONS FOR FUTURE SUPPORT AS ARTICULATED IN THE ANNOUNCEMENT FOR FISCAL YEAR 1980.

OBJECTIVES

THE OBJECTIVES ARE:

1. TO ENCOURAGE MENTAL HEALTH SPECIALISTS TO WORK IN AREAS AND SETTINGS WHERE SEVERE SHORTAGES EXIST;
2. TO INCREASE THE NUMBER OF QUALIFIED MINORITY PERSONNEL IN THE MENTAL HEALTH PROFESSIONS, AND THE NUMBER OF MENTAL HEALTH PERSONNEL TRAINED TO DEAL WITH THE SPECIAL PROBLEMS OF CHILDREN, ADOLESCENTS, AND THE ELDERLY; AND
3. TO ASSURE THAT THE SKILLS AND KNOWLEDGE OF MENTAL HEALTH PERSONNEL ARE APPROPRIATE TO THE NEEDS OF THOSE THEY SERVE.

COLLECTIVELY, THESE OBJECTIVES REFLECT A PHILOSOPHICAL SHIFT IN POLICY WHICH HAD RELIED, FAIRLY EXCLUSIVELY, ON A NON-RESTRICTIVE APPROACH TO BASIC PROFESSIONAL EDUCATION AS THE PRIMARY DEVICE FOR DEALING WITH THE NATION'S MENTAL HEALTH MANPOWER PROBLEMS TO AN APPROACH WHICH SEEKS TO EXPLICITLY INFLUENCE THE PREPARATION OF PERSONNEL FOR SPECIFIC PRIORITY AREAS OF SERVICE NEED, ESPECIALLY IN THE PUBLIC SECTOR.

SECONDLY, REFERENCE TO SPECIFIC AREAS OF SERVICE NEED ASSUMES THAT, HENCEFORTH, TRAINING PROGRAMS WILL NEED TO BE MODIFIED EITHER IN THE CONTEXT OF GENERIC OR SPECIALIZED CURRICULAE TO PROVIDE STUDENTS WITH THE SKILLS AND KNOWLEDGE REQUIRED FOR RENDERING SERVICE TO THE PARTICULAR CLIENT OR PATIENT POPULATION; FOR EXAMPLE, CHILDREN AND ADOLESCENTS IN CONTRAST TO THE ELDERLY.

THIRDLY, THE NATIONAL PERVASIVE SHORTAGE OF MINORITY MANPOWER IS RECOGNIZED AS AN ISSUE IN ITS OWN RIGHT.

CONDITIONS FOR SUPPORT

FURTHER INDICATION OF POLICY CHANGE FROM THE PROGRAMMATIC STANDPOINT IS MANIFESTED IN CONDITIONS WHICH WILL GOVERN ACCEPTANCE OF APPLICATIONS FOR SUPPORT.

IN IMPLEMENTING THE POLICY OBJECTIVES, BEGINNING IN FY 1980, NIMH WILL DISCONTINUE SUPPORT FOR GENERAL (OR GENERIC) PROFESSIONAL EDUCATION PER SE IN THE "CORE" MENTAL HEALTH DISCIPLINES.

SUBJECT TO THE AVAILABILITY OF FUNDS, AWARDS WILL BE AVAILABLE FOR GRANTS TO MEET SPECIFIC PRIORITIES THAT ARE DEEMED NECESSARY TO IMPLEMENT THE POLICY OBJECTIVES. APPLICATIONS FOR SERVICE MANPOWER DEVELOPMENT AND CLINICAL TRAINING GRANTS WILL BE ACCEPTED FOR REVIEW PROVIDING THEY ADDRESS, TO A SIGNIFICANT DEGREE, ONE OR MORE OF THE SIX PRIORITIES. SUCH APPLICATIONS MUST FOCUS EXCLUSIVELY ON ONE PRIORITY, OR WITHIN A BROADER PROGRAM ADDRESS SPECIFICALLY AND SIGNIFICANTLY ONE OR MORE OF THESE PRIORITIES. THE PRIORITIES ARE:

1. EDUCATING/TRAINING PERSONNEL TO PROVIDE MENTAL HEALTH SERVICES TO UNSERVED
OR UNDERSERVED

--GEOGRAPHIC AREAS--RURAL, INNER CITY, OTHER SPECIFIC GEOGRAPHIC AREAS
WITH UNMET MENTAL HEALTH NEEDS;

--POPULATIONS--PEOPLE SUFFERING FROM CHRONIC MENTAL ILLNESSES OR DISABILITIES,
MINORITIES, CHILDREN, YOUTH, THE AGED, JUVENILE AND ADULT OFFENDERS, VICTIMS
OF VIOLENCE, INCLUDING RAPE, AND THEIR FAMILIES;

--PUBLIC MENTAL HEALTH FACILITIES--STATE AND COUNTY MENTAL HOSPITALS, INCLUDING
SECURITY HOSPITALS; COMMUNITY BASED MENTAL HEALTH SERVICE AGENCIES, ESPECIALLY
COMMUNITY MENTAL HEALTH CENTERS (CMHC'S); AND THE MENTAL HEALTH COMPONENTS
OF CORRECTIONAL INSTITUTIONS.

2. INCREASING THE SUPPLY OF MINORITY MANPOWER FOR VARIOUS ROLES IN MENTAL HEALTH SERVICE DELIVERY SYSTEMS.
3. DEVELOPING STRATEGIES FOR PRIMARY PREVENTION ACROSS ALL MENTAL HEALTH SERVICES MANPOWER DEVELOPMENT AND CLINICAL TRAINING PROGRAMS.
4. INCREASING THE MENTAL HEALTH SKILLS AND KNOWLEDGE OF GENERAL HEALTH CARE PERSONNEL, AND PREPARING MENTAL HEALTH SPECIALISTS TO WORK MORE EFFECTIVELY WITH THE HEALTH CARE FIELD.
5. FACILITATING THE DEVELOPMENT OF EFFECTIVE AND EFFICIENT SYSTEMS FOR MENTAL HEALTH MANPOWER DEVELOPMENT, WITH SPECIAL ATTENTION TO LINKAGES BETWEEN INSTITUTIONS THAT EDUCATE OR TRAIN MENTAL HEALTH PERSONNEL AND THOSE AGENCIES THAT UTILIZE THOSE PERSONNEL FOR THE DELIVERY OF MENTAL HEALTH SERVICES, PARTICULARLY PUBLIC AGENCIES.
6. GENERATING AND DISSEMINATING INFORMATION, DATA, AND INNOVATIVE MODELS FOR MENTAL HEALTH SERVICES MANPOWER DEVELOPMENT THAT ADDRESS SUCH ISSUES AS: RECRUITMENT, TRAINING/EDUCATION, DISTRIBUTION, UTILIZATION, AND CREDENTIALING.

FINALLY, IN ORDER TO ENSURE THAT THE PRODUCTS OF THESE PROGRAMS WILL IN FACT PRACTICE IN THE AREAS FOR WHICH THEY WILL BE TRAINED, OTHER THAN CONTINUING TO RELY EXCLUSIVELY ON THE VAGARIES OF THE MARKET PLACE, THE NIMH PROPOSAL IN THE MENTAL HEALTH SYSTEMS ACT INCLUDES AUTHORIZATION TO REQUIRE SERVICE PAYBACK FROM INDIVIDUALS WHO HAVE RECEIVED STIPEND SUPPORT FOR FULL TIME PROFESSIONAL TRAINING.

CHILDREN AND YOUTH AS AN UNDERSERVED GROUP

BEFORE DISCUSSING THE IMPLICATIONS OF THE CHILDREN AND YOUTH PRIORITY FOR PSYCHOLOGY EDUCATION, IT WOULD BE HELPFUL TO BRIEFLY REVIEW THE RATIONALE FOR CITING THIS AREA AS A PRIORITY.

THE RECENT EXAMINATION OF THE NATION'S MENTAL HEALTH STATUS BY THE PCMH IDENTIFIED THE EMOTIONAL DIFFICULTIES OF CHILDHOOD AND ADOLESCENCE AS A PROBLEM OF

CONSIDERABLE AND INCREASING MAGNITUDE AND COMPLEXITY. THE PCMH ALSO ASSERTED THAT THE RESPONSE OF THE MENTAL HEALTH SYSTEM IN TERMS OF SERVICES AND MANPOWER IS EXCEEDINGLY LIMITED, PRIMARILY IN TERMS OF VOLUME, BUT IN SEVERAL INSTANCES AND, OF MORE IMPORTANCE, IN TERMS OF EFFECTIVENESS AND IMPACT AS WELL. DESPITE THE LACK OF PRECISION IN AVAILABLE DEMOGRAPHIC AND EPIDEMIOLOGICAL DATA, THE PROBLEM IS INDEED OF DRAMATIC PROPORTIONS.^{3/}

CHILDREN AND YOUTH REPRESENT ABOUT ONE-THIRD OF THE POPULATION AND AT LEAST THAT PROPORTION OF MENTAL HEALTH PROBLEMS. DESPITE THE INADEQUACY OF CURRENT DIAGNOSTIC CODES, A NUMBER OF HIGH RISK GROUPS CAN BE CLEARLY IDENTIFIED INCLUDING: CHILDREN AND ADOLESCENTS OF DISTURBED PARENTS; THE CHRONICALLY MENTALLY ILL; THOSE FROM POOR SINGLE PARENT FAMILIES; MINORITY GROUP CHILDREN; THOSE LIVING IN RURAL SETTINGS OR DEPRESSED INNER CITY NEIGHBORHOODS WHERE SERVICES ARE LIMITED OR NON-EXISTENT; PHYSICALLY HANDICAPPED CHILDREN; AND VICTIMS OF CHILD ABUSE.

IT IS ESTIMATED THAT ONLY ABOUT 10% OF AMERICAN CHILDREN AND ADOLESCENTS IN NEED OF CARE OR TREATMENT ARE SERVED BY THE PRESENT MENTAL HEALTH SYSTEM.^{4/} SOME OF THE MORE PROMINENT FACTORS ACCOUNTING FOR THIS ARE:

- LACK OF ACCESS TO SERVICE DUE TO INADEQUACIES IN INTER-SYSTEM COORDINATION AND RESTRICTIVE INTAKE AND ELIGIBILITY POLICIES;
- DEFICIENCIES IN INTERVENTION MODELS WHICH DO NOT MAKE ADEQUATE PROVISION FOR INVOLVEMENT OF THE FAMILY AND OTHER KEY SYSTEMS IN THE CHILD'S ENVIRONMENT SUCH AS THE SCHOOLS, RECREATIONAL SETTINGS, ETC.
- THE SUBTLETIES OR UNINTENDED CONSEQUENCES OF INSTITUTIONAL RACISM IN THE FORM OF SERVICE, MANPOWER, OR TRAINING POLICIES WHICH HAVE THE EFFECT OF EITHER DENYING MINORITY CHILDREN AND ADOLESCENTS ACCESS TO SERVICE OR DELIVERING CULTURALLY IRRELEVANT OR INEFFECTIVE SERVICE.

- THE CONTINUING FAILURE OF THE SYSTEM TO CORRECT THE LONG-STANDING IMBALANCE IN THE VOLUME AND QUALITY OF SERVICES FOR ADOLESCENTS IN CONTRAST TO THOSE FOR CHILDREN.
- THE CONTINUING EMPHASIS ON SECONDARY AND TERTIARY INTERVENTIONS TO THE RELATIVE EXCLUSION OR DEEMPHASIS OF PRIMARY PREVENTION.
- BARRIERS TO REIMBURSEMENT FROM THIRD PARTY SOURCES FOR COMPREHENSIVE OR INNOVATIVE CHILD MENTAL HEALTH SERVICES WHICH INCLUDE THE FAMILY AND SCHOOLS.
- AND, OF COURSE, THE LACK OF TRAINED MANPOWER APPROPRIATE FOR THE WIDE RANGE OF CHILD MENTAL HEALTH SERVICE ACTIVITIES.

LET ME SPEND A MOMENT ON THE BROAD ISSUES IN PSYCHOLOGY MANPOWER AND TRAINING AS THEY RELATE TO THE CHILD AND ADOLESCENT PRIORITY.

MANPOWER AND TRAINING ISSUES IN PSYCHOLOGY

PSYCHOLOGY HAS A LONG HISTORY OF LEADERSHIP AND INVOLVEMENT IN CHILD MENTAL HEALTH. NEVERTHELESS, THE FIELD IS CONFRONTED WITH A NUMBER OF MAJOR PROBLEMS. RATHER THAN ATTEMPT TO COVER THE ARRAY OF SUCH PROBLEMS, I WILL SELECT THREE ISSUES WHICH ARE CENTRAL TO THE REDIRECTION OF THE NIMH PROGRAM IN PSYCHOLOGY EDUCATION. THE ISSUES ARE: (1) THE SHORTAGE OF TRAINED PSYCHOLOGICAL CLINICIANS WITH SPECIAL PREPARATION FOR WORK WITH CHILDREN AND ADOLESCENTS, (2) THE NATIONAL SHORTAGE OF TRAINED MINORITY PSYCHOLOGISTS IN THE CHILD AREA AS WELL AS IN THE FIELD AS A WHOLE, AND (3) PSYCHOLOGY EDUCATION AND SERVICE DELIVERY SYSTEM COLLABORATION.

THE SHORTAGE OF PSYCHOLOGISTS

IT IS ESTIMATED THAT THE CURRENT POOL OF FULLY CREDENTIALLED CHILD PSYCHOLOGISTS IS APPROXIMATELY 5,000. THIS POOL IS, OF COURSE, WOEFULLY INADEQUATE IN RELATION TO THE NEED FOR CARE OR TREATMENT OF THE POPULATION UNDER 18, ESTIMATED

CONSERVATIVELY AT 10 MILLION. THERE IS GROWING RECOGNITION THAT THE RESPONSE TO THE SHORTAGE PROBLEM CAN NOT BE RESTRICTED TO ONLY INCREASING THE NUMBER OF TRAINED PSYCHOLOGISTS. RATHER, THE SHORTAGE PROBLEM UNDERSCORES THE NEED FOR A COMPREHENSIVE MANPOWER POLICY FOR PSYCHOLOGY. SUCH A POLICY REMAINS TO BE FORGED. IN THE FORMULATION OF THAT POLICY, IT WILL BE NECESSARY TO DISTINGUISH BETWEEN THE PURELY "MANPOWER" COMPONENTS IN CONTRADISTINCTION TO THE EDUCATIONAL OR TRAINING COMPONENTS. THE FORMER REFERS TO SUCH FUNCTIONS OR PROCESSES AS: THE PLANNING AND DESIGN OF A DIVERSIFIED MANPOWER POOL RESPONSIVE TO THE RANGE OF NEED IN THE CHILD AND YOUTH POPULATION, AND THE RECRUITMENT, DEPLOYMENT, AND UTILIZATION OF THAT POOL. THESE PROCESSES AND THEIR OUTCOMES TAKE PLACE PRIMARILY IN THE SERVICE SECTOR. HOWEVER, ACADEMIC PROGRAMS IN PSYCHOLOGY WILL NEED TO BE BETTER INFORMED AND ADAPTED TO MANPOWER REALITIES AND NEEDS AS MANIFESTED IN THE SERVICE AREA.

OF THE SEVERAL SERVICE MANPOWER NEEDS WHICH EMERGE IN ANY DISCUSSION OF THE SHORTAGE ISSUE, TWO REQUIRE SPECIAL CITATION BECAUSE OF THEIR MAJOR SIGNIFICANCE FOR PSYCHOLOGY EDUCATION.

1. THE NEED FOR PSYCHOLOGICALLY-ORIENTED SERVICE EXTENDERS

EVEN IF RESOURCES WERE AVAILABLE TO SUBSTANTIALLY INCREASE THE POOL OF HIGHLY TRAINED PSYCHOLOGISTS FOR SERVICE TO CHILDREN AND YOUTH, WE COULD NOT HOPE TO FILL THE NEED. FURTHERMORE, A VARIETY OF OTHER TYPES OF INSTITUTIONS AND PERSONNEL ARE INTIMATELY INVOLVED IN SERVING CHILDREN. THE CHILD MENTAL HEALTH DIMENSION IN SUCH SETTINGS, ALTHOUGH ESSENTIAL, IS OFTEN NON-EXISTENT OR LIMITED IN EFFECTIVENESS OR APPROPRIATENESS. SCHOOLS, PRIMARY HEALTH CARE CLINICS, RECREATIONAL CENTERS, PROBATION AND PAROLE OFFICES ARE AMONG THE MORE IMPORTANT EXAMPLES. WAYS MUST BE FOUND FOR DEVELOPING PSYCHOLOGICAL KNOW-HOW IN THESE SYSTEMS. A PROMISING

STRATEGY FOR RESPONDING TO THIS NEED IN THE TRAINING OF PSYCHOLOGISTS WOULD BE AN INTENSIFIED EFFORT TO DEVELOP THE SPECIAL SKILLS AND KNOWLEDGE ASSOCIATED WITH CONSULTATION AND EDUCATION.

2. THE NEED FOR A DIVERSIFIED SUPPLY OF TRAINED PSYCHOLOGISTS FOR THE CHILD MENTAL HEALTH SYSTEM AND TRAINING PROGRAMS TO PRODUCE SUCH MANPOWER

THE SHORTAGE OF PSYCHOLOGISTS EXTENDS ACROSS THE UNIVERSE OF ROLES IN CHILD MENTAL HEALTH, I.E., IN THE CLINICAL, MANAGERIAL, AND RESEARCH/EVALUATION AREAS. ALTHOUGH ACADEMIC PROGRAMS MUST BE RESPONSIVE TO THE WHOLE CONSTELLATION OF ROLES, PRIORITY MUST BE GIVEN TO THE CLINICIAN ROLE SINCE IT IS THE BEDROCK OF THE PSYCHOLOGY MANPOWER SYSTEM. THIS WILL REQUIRE ACCELERATION IN THE DEVELOPMENT OF THE VARIOUS TRAINING MODELS, AN ISSUE WHICH HAS GENERATED CONSIDERABLE DEBATE IN THE FIELD. AT LEAST FOUR MODELS EMERGE FROM A REVIEW OF CURRENT LITERATURE.^{5/}

(1) SPECIALIZED TRAINING IN CHILD AND ADOLESCENT MENTAL HEALTH WITHIN THE CONTEXT OF GENERAL OR ADULT CLINICAL PSYCHOLOGY PROGRAMS; (2) SPECIALITY TRAINING IN CLINICAL CHILD PSYCHOLOGY PROGRAMS; (3) SPECIALITY TRAINING IN CHILD MENTAL HEALTH WITHIN THE FRAMEWORK OF DEVELOPMENTAL AND OTHER TYPES OF TRAINING PROGRAMS; (4) SUPPLEMENTARY POST-DOCTORAL TRAINING OF A CONTINUING EDUCATION NATURE IN CHILD MENTAL HEALTH FOR ADULT, DEVELOPMENTAL, AND OTHER KINDS OF PSYCHOLOGISTS. EACH MODEL HAS ITS MERITS AND LIMITATIONS. FURTHER, EVALUATION IS ESSENTIAL TO DETERMINE WHICH MODEL OR COMBINATION OF MODELS IS MOST EFFECTIVE AND EFFICIENT. AT THIS JUNCTURE, THE NIMH POSITION IS ONE WHICH ENCOURAGES THE DEVELOPMENT AND TESTING OF ALL MODELS.

SHORTAGE OF MINORITY PSYCHOLOGISTS

THERE IS IMPRESSIVE DOCUMENTATION TO SUPPORT THE POSITION THAT THERE IS A NATIONAL SHORTAGE OF MINORITY PROFESSIONAL PSYCHOLOGISTS AND IN THE OTHER MAJOR PROFESSIONAL DISCIPLINES ALSO. WHILE THIS SHORTAGE IS REFLECTED IN THE TOTAL POOL OF PSY-

CHOLOGISTS, IT ALSO EXTENDS ACROSS ALL THE SPECIALITIES. FOR THESE REASONS, MINORITY MANPOWER PRODUCTION HAS BEEN ESTABLISHED BY NIMH AS A SEPARATE PRIORITY BUT IT IS ALSO A CROSS-CUTTING PHENOMENA IN RELATION TO THE OTHER PRIORITIES. THIS RAISES THE QUESTION OF WHAT IS THE BEST STRATEGY FOR TRAINING AND GENERATING MINORITY PSYCHOLOGISTS FOR THE CHILD AND ADOLESCENT SERVICE SECTOR. OR STATED ANOTHER WAY, WHICH OF THE MODELS PREVIOUSLY CITED WOULD BE MOST APPROPRIATE FOR TRAINING MINORITIES FOR THIS PRIORITY? IN THE ABSENCE OF DATA ON CAREER PATTERNS OF MINORITY MENTAL HEALTH PROFESSIONALS, NIMH'S POSITION ON THIS ISSUE IS ONE OF FLEXIBILITY AND ENCOURAGEMENT OF CAREFUL DEVELOPMENT AND EVALUATION OF ALL APPROACHES. HOWEVER, LET ME OFFER MY OWN OPINION ON THIS ISSUE. I WOULD PREFER TO SEE MINORITIES TRAINED AS GENERALISTS RATHER THAN SPECIALISTS IN THE CHILD AND ADOLESCENT AREA AND IN THE OTHER PRIORITIES AS WELL. NOT ONLY IS THERE AN ABSOLUTE SHORTAGE OF PROFESSIONALLY TRAINED MINORITY PSYCHOLOGISTS IN THE CHILD AND ADOLESCENT ARENA, BUT IN ALL THE OTHER CRITICAL PRIORITY AREAS AS WELL. CONSEQUENTLY, THERE WILL BE DEMAND FOR THEIR SERVICES IN ALL PRIORITY AREAS REGARDLESS OF THE NATURE OF THE PREPARATION. FURTHERMORE, THE MINORITY MENTAL HEALTH PROFESSIONAL WITH THE DOCTORATE CAN OFTEN BE EXPECTED TO ASSUME A VARIETY OF LEADERSHIP ROLES IN THE POLICY, ADMINISTRATIVE, MANAGERIAL, OR LEGISLATIVE AREAS. IN SHORT, TRAINING STRATEGY MUST BE DESIGNED TO PROVIDE A RANGE OF OPTIONS FOR THE MINORITY PROFESSIONAL PSYCHOLOGIST IN CHILD MENTAL HEALTH AS WELL AS THE OTHER PRIORITY AREAS.

PSYCHOLOGY EDUCATION-SERVICE DELIVERY COLLABORATION

AT THE OUTSET OF THIS PRESENTATION, I STATED THAT THE PRIMARY GOAL OF NEW NIMH POLICY WAS TO EFFECT A BETTER FIT BETWEEN TRAINING AND THE KINDS OF MANPOWER REQUIRED AND ARTICULATED BY THE SERVICE SYSTEM. TO THIS END, ONE PRIORITY

IS SPECIFICALLY ADDRESSED TO "FACILITATING THE DEVELOPMENT OF MENTAL HEALTH MANPOWER THROUGH LINKAGES BETWEEN INSTITUTIONS THAT EDUCATE OR TRAIN MENTAL HEALTH PERSONNEL AND THOSE AGENCIES THAT UTILIZE THOSE PERSONNEL FOR THE DELIVERY OF MENTAL HEALTH SERVICES." ^{6/}

HISTORICALLY, WITH THE EXCEPTION OF FIELD TRAINING SITE PLANNING, EDUCATIONAL/ TRAINING INSTITUTIONS (THE PRODUCERS OF MANPOWER) AND SERVICE AGENCIES (THE USERS OF MANPOWER) HAVE USUALLY OPERATED AS CLOSED SYSTEMS. AS A RESULT, MANY MANPOWER AND TRAINING ISSUES IN WHICH BOTH SYSTEMS OFTEN HAVE A STAKE OR CONCERN DO NOT BENEFIT FROM ANY SIGNIFICANT OR SUSTAINED INTERACTION BETWEEN THEM. THIS KIND OF INSTITUTIONAL ISOLATION FREQUENTLY GENERATES A VARIETY OF STEREOTYPIC ATTITUDES SUCH AS SUSPICION OR ELITISM ON THE PART OF TRAINING AGENCIES, AND RESENTMENT OR INDIFFERENCE BY SERVICE AGENCIES, ESPECIALLY THOSE IN THE PUBLIC SECTOR SUCH AS LOCAL OR STATE MENTAL HEALTH AUTHORITIES AND DEPARTMENTS. WE ARE NOT CHALLENGING THE TRADITIONAL PREROGATIVES OF THE UNIVERSITY FOR EDUCATIONAL POLICY AND CONTENT. THESE CERTAINLY MUST BE MAINTAINED AND PROTECTED. WE DO CONTEND, HOWEVER, THAT THE MANY CRITICAL ISSUES INVOLVED IN DEVELOPING AN EFFECTIVE, EFFICIENT, AND RELEVANT MANPOWER POOL CAN NOT BE RESOLVED WITHOUT THE INTERACTION OF BOTH GROUPS. TAKE, FOR EXAMPLE, THE QUESTION RAISED EARLIER IN THIS PAPER AS TO THE BEST STRATEGY FOR GENERATING CLINICAL PSYCHOLOGISTS RESPONSIVE TO THE CHILD MENTAL HEALTH PRIORITY. SERVICE AGENCY PERSPECTIVE ON SUCH AN ISSUE WOULD BE AN IMPORTANT CONSIDERATION IN THE ULTIMATE EDUCATIONAL DECISION BY THE ACADEMIC PROGRAMS. NIMH IS NOT, AT THIS TIME, PROSCRIBING THE FORM OR PURPOSE OF SUCH INTERACTION WHICH COULD RANGE FROM "STATE OF THE ART" DIALOGUES ON ISSUES OF MUTUAL CONCERN TO EDUCATORS AND SERVICE AGENCIES TO JOINTLY-SPONSORED PROJECTS. WE WILL, HOWEVER, EXPECT TO SEE EVIDENCE OF GROWING SENSITIVITY OF TRAINING PROGRAMS TO THE NEED FOR INTERACTION WITH THE SERVICE SECTOR IN RELATION TO THE CHILD PRIORITY AND OTHER PRIORITIES AS WELL.

THE NIMH PSYCHOLOGY EDUCATION PROGRAM

I WILL CONCLUDE THIS PRESENTATION BY SELECTIVELY REVIEWING SOME OF THE MAIN FEATURES OF THE NIMH PROGRAM IN PSYCHOLOGY EDUCATION FOR 1980 AS REFLECTED IN THE GUIDELINES OF THE PSYCHOLOGY EDUCATION BRANCH FOR THE FISCAL YEAR 1980 CYCLE.^{2/}

ACTUALLY, THE CHILDREN AND YOUTH AREA HAS BEEN AN NIMH PRIORITY FOR SOME TIME. CURRENTLY, ABOUT THREE-FOURTHS OF THE PROGRAMS SUPPORTED BY THE PSYCHOLOGY EDUCATION BRANCH INCLUDE SOME CHILD COMPONENTS AND AT LEAST ONE THIRD HAVE A MAJOR OR EXCLUSIVE CHILDREN AND YOUTH FOCUS. IN THE CURRENT FISCAL YEAR, APPROXIMATELY 40% OF NEW OR COMPETING AWARDS WILL BE IN THIS CATEGORY. CONSEQUENTLY, THERE IS A SOLID BASE OF EXPERIENCE IN NIMH AND THE FIELD ON WHICH TO DEVELOP APPLICATIONS CONSISTENT WITH THE REVISED REQUIREMENTS AND EMPHASIS.

WITHIN THE FRAMEWORK OF THE PROVISIONS GOVERNING SUPPORT OF THE CLINICAL/SERVICES MANPOWER PROGRAM OF NIMH AS DESCRIBED IN THE OFFICIAL ANNOUNCEMENT RECENTLY ISSUED, THESE ARE AMONG THE MOST PROMINENT ELEMENTS WHICH MUST BE ADDRESSED IN ALL APPLICATIONS SUBMITTED FOR SUPPORT THROUGH THE PSYCHOLOGY EDUCATION BRANCH IN FISCAL YEAR 1980:

1. ALL PROGRAMS MUST ADDRESS, TO A SIGNIFICANT DEGREE, ONE OR MORE OF THE AFOREMENTIONED NIMH PRIORITY AREAS.
2. SUPPORT IS NO LONGER AVAILABLE FOR GENERIC, OPEN-ENDED, TRAINING AT ALL LEVELS, INCLUDING THE DOCTORAL LEVEL. HOWEVER, IT IS RECOGNIZED THAT A QUALITY BASIC EDUCATION PROGRAM IS ONE GROUNDED IN THE SCIENCE BASE OF THE FIELD. A HIGH QUALITY BASIC EDUCATION IS NECESSARY, BUT NOT IN ITSELF SUFFICIENT TO QUALIFY FOR TRAINING GRANT SUPPORT, WHICH IS AVAILABLE ONLY TO THOSE ASPECTS OF PROGRAMS THAT ADDRESS PRIORITY AREA(S). (I.E., CHILDREN AND YOUTH.)
3. A PROPOSED PROGRAM MAY FOCUS EXCLUSIVELY ON ONE PRIORITY AREA SUCH AS CHILDREN AND YOUTH OR WITHIN A BROADER FOCUS, ADDRESS TO A SIGNIFICANT DEGREE

ONE OR MORE OTHER PRIORITIES. IN THE LATTER CASE, ONLY THE PRIORITY DIRECTED COMPONENT(S) WILL BE SUPPORTED. THE QUALITY OF THE OVERALL PROGRAM AS WELL AS THE PRIORITY DIRECTED COMPONENTS WILL BE SIGNIFICANT FACTORS IN THE APPRAISAL OF SUCH APPLICATIONS.

4. CERTAIN ESSENTIAL INGREDIENTS MUST BE PRESENT IN THE DESIGN OF A PROGRAM THAT PURPORTS TO A FOCUS ON A PRIORITY AREA(S). THESE ARE:

- AN IDENTIFIABLE CURRICULUM OR SET OF LEARNING EXPERIENCES PERTINENT TO THE AREA.
- PRACTICUM OR OTHER FIELD EXPERIENCES AND ULTIMATELY AN INTERNSHIP (WHERE REQUIRED) TO ENHANCE PROFESSIONAL TRAINING IN THE PRIORITY AREA.
- EXPOSURE TO THE RESEARCH BASE IN THE AREA AND, WHEREVER POSSIBLE, PARTICIPATION IN RESEARCH THAT COMPLEMENTS THE PRIORITY AREA PROFESSIONAL TRAINING.
- A CADRE OF STUDENTS IDENTIFIED WITH THE PRIORITY AREA.

5. CROSS-CUTTING THEMES. THERE ARE TWO EMPHASES SO INTEGRAL TO THE OVERALL THRUST OF THE NIMH MANPOWER POLICY THAT, WHEREVER POSSIBLE, THEY SHOULD BE REFLECTED IN THE PSYCHOLOGY EDUCATION PROGRAMS SUBMITTED FOR SUPPORT. THESE ARE: PREPARATION FOR WORK IN PUBLIC MENTAL HEALTH FACILITIES AND ATTENTION TO INVOLVEMENT OF MINORITIES IN TRAINING PROGRAMS. THE GENERAL APPLICABILITY OF THESE TWO EMPHASES IN MOST PROGRAMS DOES NOT PRECLUDE THEIR ELABORATION, DEVELOPMENT, AND REFINEMENT AS MAJOR SUBSTANTIVE PRIORITIES IN THEIR OWN RIGHT.

6. COMMITMENT TO SERVE IN A PRIORITY AREA

AN IMPORTANT INDICATOR OF THE EFFECTIVENESS OF A PRIORITY-FOCUSED TRAINING PROGRAM IS THE EXTENT TO WHICH THE GRADUATES END UP PRACTICING IN THE PARTICULAR UNDERSERVED AREA(S). PENDING ENACTMENT OF REGULATION MANDATING PAYBACK, APPLICATIONS FROM DEGREE-GRANTING GRADUATE PROGRAMS MUST DEMONSTRATE A PLAN TO OBTAIN COMMITMENTS

FROM TRAINEES TO WORK IN THE NIMH PRIORITY AREA FOR WHICH THEY HAVE BEEN PREPARED, UPON COMPLETION OF THEIR EDUCATIONAL PROGRAMS. STUDENTS WHO CHOOSE NOT TO COMMIT THEMSELVES TO A PRIORITY AREA OF TRAINING ARE NOT SUPPORTABLE FROM GRANT FUNDS.

FURTHERMORE, APPLICANTS, IN THE CONTEXT OF EVALUATION COMPONENT, WILL BE REQUIRED TO DEVELOP A PLAN TO TRACK THE CAREERS OF THEIR GRADUATES FOR FIVE YEARS FOLLOWING THE GRANTING OF THE DEGREE.

APPLICATIONS IN THE CHILDREN AND YOUTH AREA

PROGRAMS PROPOSED IN THE CHILDREN AND YOUTH CATEGORY SHOULD BE SENSITIVE TO TWO GENERAL THEMES:

1. BECAUSE CHILDREN HAVE TENDED TO RECEIVE MORE ATTENTION IN THE FIELD THAN ADOLESCENTS, APPLICATIONS FOCUSED ON THE LATTER ARE ENCOURAGED.
2. SPECIAL EMPHASIS SHOULD BE GIVEN TO EXTENDING THE RANGE OF TRAINING TO INCLUDE SUCH ASPECTS AS CONSULTATION, EDUCATION, OUTREACH, COORDINATION AND CONTINUITY OF SERVICE ELEMENTS, ATTENTION TO CULTURALLY AND/OR LINGUISTICALLY DIFFERENT SUB-GROUPS, AND PREVENTION.

IN THIS BRIEF SYNOPSIS, I HAVE SKETCHED THE OUTLINES OF WHAT WE, AT NIMH, REGARD AS A SIGNIFICANT REDIRECTION OF THE TRAINING PROGRAM IN THE CHILDREN AND YOUTH AREA AND THE OTHER PRIORITY AREAS AS WELL. HOW EFFECTIVELY THESE CHANGES ARE IN BETTER PREPARING PSYCHOLOGISTS FOR SERVICE, ESPECIALLY IN THE PUBLIC SECTOR, WILL IN LARGE MEASURE DEPEND ON THE JOINT EFFORTS OF NIMH AND THE PSYCHOLOGY EDUCATION COMMUNITY.

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